

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>2/11/05</u>		2 Serial/Patent # <u>09/206,132</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other <u>999</u>			\$ <u>170</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>170</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<u>9 12 -- 0080</u>
10 REASON:		No Fee Due (Explanation):	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Pet Atty</u>	
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>272-3230</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Alicia Miller</u>		DATE: <u>2/9/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B